Vaccines for Adults (VFA) Section 317 Program Patient Eligibility Screening Record

A record of all adults 19 years of age or older who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. The record may be completed by the patient, individual of record, or by the health care provider. VFA eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure the adult's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each adult receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.

Name :		, · · · · · · ·	Date of Birth://				
Last Name		First Name	MI				
Individual of Record:			Primary Provider's Name:				
	Last Name	First Name	MI	Last Name	First Name	MI	
To determine if an	adult (19 years of a	ge or older) is eligible to receive federal va	accine through the 317 and s	state programs at each immunizati	on encounter/visit enter the date	and mark the	

appropriate eligibility category. If Column A-F is marked, the adult is eligible for the VFA/Section 317 program. If column G is marked the adult is not eligible for VFA/Section 317 vaccine.

Eligible for VFA/Section 317 Vaccine **Not Eligible** for VFA/Sect Insured* No Health Underinsured for vaccines not covered in the plans as indicated below 317 Vaccine Underinsured includes adults with health insurance that does not include vaccines or only covers specific vaccine types. Adults are Insurance only eligible for VFA/Section 317 vaccines that are not covered by insurance. Medicaid (ME codes Medicare Part A Medicare Part D (should **Medicare Part B covers** Has health Vaccine is 82-Rx only. 80 & 89 do (does not cover flu and both pneumonia cover all vaccines Part insurance that needed in not cover vaccines vaccines, Tdap/Td B does not cover, but it Date vaccines-only covers covers response unless pt is pregnant) hospital stays) (wounds only), hepatitis may not cover all) vaccines to* B (high risk only)

- 1. Household contacts of hepatitis B infected individuals, or
- 2. Outbreak response (outbreak must be declared by DHSS Bureau of Communicable Disease Control & Prevention or CDC, or
- 3. Post-exposure prophylaxis (dog bite, wound, etc.) or
- 4. Disaster relief efforts (if a disaster in your jurisdiction has been declared by the Governor), or
- 5. Mass vaccination campaign or exercises as approved by DHSS Bureau of Immunizations, or
- 6. Individuals in correctional facilities and jails if those institutions don't carry the vaccines and the individual's immunization record shows the vaccine is needed.

^{*} Fully insured, but vaccine is given in response to at least one of the following: